

**Georgia Department of Community Health
State Health Benefit Plan
Materials Order Form**

ORDERING INSTRUCTIONS:

1. Fill in # of packets of form(s) requested and complete the shipping information section below.
2. Place an order: call (404) 656-2713, e-mail the request to jvinson@dch.ga.gov, or mail this completed form to: State Health Benefit Plan Attn: Forms Order Request, P.O. Box 38342, Atlanta, GA 30334, or fax to (404) 656-6405. Please allow 7-10 workdays for delivery.

Note: ***This form is available on our website, www.dch.georgia.gov/shbp_plans.

DATE	DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED
2008	New Employee State Health Benefit Health Plan Decision Guide		
	FORMS	FORMS PER PACK	# OF PACKS ORDERED
			# OF PACKS SHIPPED
66-003	Request to Continue Health Benefits During Leave of Absence without Pay (Rev. 06/07)	50	
66-004	Declination of Health Benefit Coverage (Rev 06/07)	25	
66-005	Disability Certification (Rev. 03/02)	50	
66-010	Forms Transmittal Sheet (Rev. 06/07)	50	
66-082	Dependent Student Status Information (Rev. 07/07)	50	
66-088	Discontinuation of Retiree Health Benefit Coverage (Rev. 06/07)	25	
66-089	Discontinuation of Health Benefit Coverage (Rev. 06/07)	25	
66-090	Membership/Dependent and Miscellaneous Update Form (Rev. 07/07)	25	
66-092	Retirement/Surviving Spouse Form (Rev. 07/07)	25	
66-093	Notification of Return from Leave without Pay (Rev. 06/07)	25	

DELIVER TO:

Entity Name: _____ Payroll #: _____

Street Address: _____
(No P.O. BOXES)

City, State, Zip Code: _____

Contact Name: _____ Phone #: _____ Date: _____